FORM D

BECD B.E.O.

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

1366860

SEC

OMB APPROVAL

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FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1 2007	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Limited Partnership Interests in NORTHGATE PRIVATE EQUITY PARTNERS III, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
 Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) NORTHGATE PRIVATE EQUITY PARTNERS III, L.P. 	
Address of Executive Offices (Number and Street, City, State, Zip Code) 649 San Ramon Valley Boulevard, Danville, CA 94526	Telephone Number (Including Area Code) 925-820-9970
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code) Same
Brief Description of Business Venture Capital Investment	PROCESSED
Type of Business Organization corporation business trust limited partnership, already formed business trust limited partnership, to be formed other	r (please specify): MAR 0 1 2007 FHOMSON
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated tate: D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 	of the issuer;
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General	and/or ig Partner
Full Name (Last name first, if individual)	-
NC III, L.L.C.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
649 San Ramon Valley Boulevard, Danville, CA 94526	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managi	and/or ng Partner
Full Name (Last name first, if individual)	
Harris, Mark	
Business or Residence Address (Number and Street, City, State, Zip Code)	
649 San Ramon Valley Boulevard, Danville, CA 94526	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managi	and/or ng Partner
Full Name (Last name first, if individual)	
Khajeh-Hosseiny, Dr. Hosein	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1 Jermyn Street, London SW1Y 4UH, United Kingdom	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managi	and/or ig Partner
Full Name (Last name first, if individual)	
Jones, Brent	
Business or Residence Address (Number and Street, City, State, Zip Code) 649 San Ramon Valley Boulevard, Danville, CA 94526	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managi	and/or ng Partner
Full Name (Last name first, if individual)	
Stone, Jared	
Business or Residence Address (Number and Street, City, State, Zip Code)	
649 San Ramon Valley Boulevard, Danville, CA 94526	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General	and/or ng Partner
Full Name (Last name first, if individual)	
Vardell, Thomas	
Business or Residence Address (Number and Street, City, State, Zip Code)	
649 San Ramon Valley Boulevard, Danville, CA 94526	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managi	and/or ng Partner
Full Name (Last name first, if individual)	
Conrad N. Hilton Foundation	
Business or Residence Address (Number and Street, City, State, Zip Code)	
10100 Santa Monica Boulevard, Suite 1000, Los Angeles, CA 90067	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

		A. BASIC ID	ENTIFICATION DATA		· · · · · · · · · · · · · · · · · · ·
Each beneficial ownEach executive office	e issuer, if the issuer her having the power to	as been organized within the o vote or dispose, or direct th porate issuers and of corporat	e vote or disposition of, 10%		equity securities of the issuer; suers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, il	findividual)				
National Nominees LTD as	Nominee for Telstra	a Super PTY LTD			
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
P.O. Box 14309 Melbourne,	Victoria 8001, Aust	tralia		<u> </u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Surdna Foundation, Inc.					
Business or Residence Addre	,				
330 Madison Avenue, 30th F					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, in	findividual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	rindividual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
	(Use blank	sheet, or copy and use add	litional copies of this sheet	, as necessary)	<u></u>

Angiver allow Angiver allo	1.	Has the	issuer sold,	or does the is	ssuer intend t	o sell, to no	n-accredited	investors in t	his offering?				Yes	No ⊠
3. Does the offering permit joint ownership of a single unit? 4. Eincer the information requirement of for each person who has been or will be paid or given, directly or indirectly, any commission or similar remanentation for solicitation of purchaser in connection with all as of securities in the offering. If a person to be listed as an associated persons to be fined are associated persons of such the GRC and/or with a set of site. If there of the Protect or dealer rolly. Full Name (Last name first, if individuals) Dupliness or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check *All States* or check individuals States)	Answer also in Appendix, Column 2, if filing under ULOE.													
3. Does the offering-permit joint ownership of a single unit? 4. Fitter the findremation requested for each person with base bear of will be past or given, directly or indirectly, any commission or similar removes than five (S) persons to be fisted are associated person or agene for a Problem of Leader registered with the ESC and/or with a state or state. If mene of the horse rot or delere, from the fire (S) persons to be fisted are associated persons or similar registered with the ESC and/or with a state or state. If mene of the horse rot or delere, from the fire (S) persons to be fisted are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer may be fire (S) persons to be fisted are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer may be fire (S) persons to be fisted are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer from the fire (S) persons to be fisted are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer may be fire the fire of the	2. What is the minimum investment that will be accepted from any individual?													
remuneration for solicitation of purchasers in comment ion with sales of securities in the offerings. If a person to be listed at an associated person or a gent of a broker or deater registered with 6 ECC and/or with a state or states. Is the name of the broker or deater. If more than five (5) persons to be listed are associated persons of such a broker or deater. Journal of the information for that broker or deater cate. Full Name (Last name first, if individuals) Business or Residence Address (Namber and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed If as Solicited or Intends to Solicit Purchasers [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [HO] [HA] [MS] [MO] [MA] [MI] [MS] [MO] [MI] [MS	3.	Does the offering-permit joint ownership of a single unit?										No.		
Sustiness or Residence Address (Number and Street, City, State, Zip Code)	remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											associated er. If more		
Name of Associated Broker or Dealer	Full N	Name (L	ast name fin	st, if individu	al)									
All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Busin	ess or R	esidence Ac	idress (Numb	per and Street	t, City, State	, Zip Code)			1 = 11 =				
Check "All States" or check individuals States)	Name	of Asso	ociated Brok	ker or Dealer										
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [III] [IIN] [IIA] [KS] [KY] [LA] [ME] [MD] [IMA] [MI] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NII] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [PR] [SUINESS or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [MI] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [PR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [PR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [PR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [PR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VT] [VA] [WA] [WV] [WI] [WV] [WI] [WY] [PR] [PR] [PR] [PR] [PR] [PR] [PR] [PR	States	s in Whi	ch Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers					.	<u> </u>	
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Full Name (Last name first, if individual)	[1	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
Business or Residence Address (Number and Street, City, State, Zip Code)	[1	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
Name of Associated Broker or Dealer	[1	RIJ	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Name of Associated Broker or Dealer	Full N	Name (L	ast name fir	st, if individu	nal)		· · · · · ·		·· - ·				·	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)	Busin	ness or R	tesidence Ad	ddress (Numi	per and Street	t, City, State	, Zip Code)							
All States Check "All States" or check individuals States All [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [[MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [R1] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [PR] [VA] [Name	e of Asso	ociated Brok	er or Dealer			II.				· · ·	** *		
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[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [R1] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PA] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MI] [MN] [MS] [MO] [MI] [MI] [MI] [MI] [MI] [MI]	[,	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [R1] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PA] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [[MA] [MI] [MN] [MS] [MO] [MT] [NE] [NN] [NN] [NN] [NN]	[1	IL]	[1N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) □ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [[MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	-	=	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]		[OH]	[OK]	[OR]	[PA]
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)	[1	RIJ	[SC]				{UT]							
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)	Full N	Name (L	ast name fir	st, if individu	ıal)					-			· · ·	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)	Busin	ness or R	lesidence A	ddress (Numl	per and Street	t, City, State	, Zip Code)							
(Check "All States" or check individuals States)	Name	e of Asse	ociated Brok	er or Dealer							·			
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [[MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	States	s in Whi	ch Person L	isted Has So	icited or Inte	nds to Solic	it Purchasers							
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	[1	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
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	[1	RIJ	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$	S
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$_600,000,000	\$ <u>164,600,000</u>
	Other (Specify)	\$	\$
	Total	\$ <u>600,000,000</u>	\$ <u>164,600,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	47	\$ <u>164,600,000</u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Thin of	Dollar Amount
	Type of Offering	Type of Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		S
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ 200,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		<u></u>
	Other Expenses (identify)		s
	Total	⊠	\$ 200,000
		لنظ ا	- 200,000

		UMBER OF INVESTO			
tot	Enter the difference between the aggregate offering tal expenses furnished in response to Part C - Question occeds to the issuer."	on 4.a. This difference is the	ne "adjusted gross	ad	\$_599,800,000
the lef	dicate below the amount of the adjusted gross proceed e purposes shown. If the amount for any purpose is no it of the estimate. The total of the payments listed murth in response to Part C - Question 4.b above.	t known, furnish an estima	te and check the box to	the	
				Payments to Officers, Directors & Affiliates	Payments To Others
Sa	laries and fees			🛛 \$_20,618,316	□ s
Pu	rchase of real estate		•••••	S	□ \$
Pu	archase, rental or leasing and installation of machiner	y and equipment		🗆 \$	□ s
Co	onstruction or leasing of plant buildings and facilities	🗆 s	□ s		
Ac	equisition of other businesses (including the value of ed in exchange for the assets or securities of another	securities involved in this issuer pursuant to a merge	offering that may be	🗆 \$	□ s
Ro	epayment of indebtedness	•		🗆 s	\$
w	orking capital			🗆 s	⊠ \$ <u>579,181,684</u>
Ot	ther (specify):	•••••••••••••••••••••••••••••••		🗆 s	□ s
Co	olumn Totals		•••••	🛛 \$_20,618,316	⊠ \$ <u>579,181,684</u>
	Total Payments Listed (column totals added)		•••••	S 599,80	0,000
		D. FEDERAL SIG	NATURE		
ındertak	er has duly caused this notice to be signed by the undersigned by the issuer to furnish the U.S. Securities and Excluded investor pursuant to paragraph (b)(2) of Rule 502.	gned duly authorized persor hange Commission, upon w	. If this notice is filed united request of its staff	inder Rule 505, the following f, the information furnished b	signature constitutes a by the issuer to any noi
ssuer (Print or Type)	Signature	<i>(</i> I)ate	.
	IGATE PRIVATE EQUITY PARTNERS III, L.P.	P.		Sebruary 9, 2007	
	f Signer (Print or Type)	Title of Signer (Print o			
	arris	Managing Member of th	- C 1.D NO		

ATTENTION

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)

